



Please print in capital letters and only use black or dark blue ink.

Return this form to:

TIAA-CREF
P.O. Box 1259
Charlotte, NC 28201

NOTE: This form and certified documentation will only be accepted by mail. It cannot be accepted via fax.

1. CHANGE OF NAME

Please provide two of the four numbers listed below for identification purposes.

TIAA Annuity Number

CREF Annuity Number

TIAA Policy Number

Social Security Number

Use this form to have plan expenses paid from participants' accounts.

Institution Name

2. FORMER NAME

Title

First Name

Middle Name

Last Name

Former Signature

Please sign in black or dark blue ink.

3. NEW NAME

My Name has been changed to that given below and I authorize you to use the new name hereafter:

Title

First Name

Middle Name

Last Name

New Signature

Please sign in black or dark blue ink.

Address

City

State

Zip Code





*Note: A certified copy of any Court Order or other document authorizing the change must be furnished.

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3. NEW NAME (CONTINUED)

My Name has been changed by: (Check appropriate box below)

Marriage* Divorce* Adoption* Court Order* Other*

If other, please explain

Date of Name Change (mm/dd/yyyy)

/ /

Court Name

Court Address

City

State

Zip Code

FOR TIAA-CREF USE ONLY

Accepted – Teachers Insurance and Annuity Association College Retirement Equities Fund

